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| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b>  | <b>Application Number</b>   | <b>10/590,045</b>   |                     |           |      |                     |      |                     |  |  |  |  |
|--|-----------------------------|---|---------------------|-----------|------|---------------------|------|---------------------|--|--|--|--|
|  | <b>Filing Date</b>          | February 18, 2005   |                     |           |      |                     |      |                     |  |  |  |  |
|  | <b>First Named Inventor</b> | Yasuo SUDA  |                     |           |      |                     |      |                     |  |  |  |  |
|  | <b>Title</b>                | CARBOHYDRATE-LIGAND CONJUGATES<br>AND THEIR APPLICATION FOR THE, etc. |                     |           |      |                     |      |                     |  |  |  |  |
|  | <b>Art Unit</b>             | Not Yet Assigned  |                     |           |      |                     |      |                     |  |  |  |  |
|  | <b>Examiner Name</b>        | Not Yet Assigned  |                     |           |      |                     |      |                     |  |  |  |  |
|  | <b>Attorney Docket No.</b>  | <b>247322003800</b>   |                     |           |      |                     |      |                     |  |  |  |  |
| I hereby revoke all previous powers of attorney given in the above-identified application.   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| I hereby appoint:  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input checked="" type="checkbox"/> <b>Practitioners associated with the Customer</b> <span style="border: 1px solid black; padding: 2px 20px;">20872</span>   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input type="checkbox"/> <b>Practitioner(s) named below:</b>   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <table border="1"><thead><tr><th>Name</th><th>Registration Number</th><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>   |                             |   |                     |           | Name | Registration Number | Name | Registration Number |  |  |  |  |
| Name   | Registration Number         | Name  | Registration Number |           |      |                     |      |                     |  |  |  |  |
|  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                    |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Please recognize or change the correspondence address for the above-identified application to:   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input type="checkbox"/> The address associated with the above-mentioned Customer Number:  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| OR   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>        |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| OR   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input type="checkbox"/> Firm or Individual Name   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Address  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| City   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| State  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Zip  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Country  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Telephone  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Email  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| I am the:  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input type="checkbox"/> Applicant/Inventor.   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| Signature  |                             | <i>Hiroki Yoshida</i>   |                     | Date      |      |                     |      |                     |  |  |  |  |
| Name   |                             | Hiroki Yoshida  |                     | Telephone |      |                     |      |                     |  |  |  |  |
| Title and Company  |                             | President, NATIONAL UNIVERSITY CORPORATION KAGOSHIMA UNIVERSITY       |                     |           |      |                     |      |                     |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                             |   |                     |           |      |                     |      |                     |  |  |  |  |
| <input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.  |                             |   |                     |           |      |                     |      |                     |  |  |  |  |

DOCKET: 247322003800

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